

RECEIVED

MONTANANS FOR LIMITED GOVERNMENT

Kathryn Kay, Treasurer

P. O. Box 1154

Lolo, Montana 59847

(406) 273-6816

2014 NOV 18 AM 11:37

FEC MAIL CENTER

November 7, 2014

Laura Sinram

Sr. Campaign Finance and Reviewing Analyst

Reports Analysis Division

Federal Election Commission

Washington, D.C. 20463

IDENTIFICATION NUMBER: C0563155

REFERENCE: AMENDED APRIL QUARTERLY REPORT (04/29/2014 -05/9/2014),

RECEIVED 06/30/2014

Dear Ms. Sinram:

Enclosed please find the corrected amended April Quarterly Report. I just want to thank you for your very patient explanation of what needed to be corrected. Please let me know if you need anything else for this report.

Sincerely,



Kathryn Kay

1 NOV 18 2014

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
NOV 18 AM 11:37
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1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Montanans for Limited Government

ADDRESS (number and street)

P.O. Box 1154



Check if different
than previously
reported. (ACC)

4010

MT

59847-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00563155

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

04 / 29 / 2014

through

05 / 09 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathryn Kay

Signature of Treasurer

Kathryn Kay

Date

06 / 26 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Montanans For Limited Government

Report Covering the Period:

From:

04 29 2014

To:

05 09 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19)	35,000.00	35,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35,000.00	35,000.00
7. Total Disbursements (from Line 31)	23,547.59	23,547.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11,452.41	11,452.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0-	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY

To:

MM / DD / YYYY

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3500000

3500000

(ii) Unitemized.....

000

000

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3500000

3500000

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

3500000

3500000

12. Transfers From Affiliated/Other Party Committees.....

0-

0-

13. All Loans Received.....

0-

0-

14. Loan Repayments Received.....

0-

0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0-

0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0-

0-

17. Other Federal Receipts (Dividends, Interest, etc.).....

0-

0-

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0-

0-

(b) Levin Funds (from Schedule H5).....

0-

0-

(c) Total Transfers (add 18(a) and 18(b))..

0-

0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3500000

3500000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3500000

3500000

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0-	0-
(ii) Non-Federal Share	0-	0-
(b) Other Federal Operating Expenditures	0-	0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0-	0-
22. Transfers to Affiliated/Other Party Committees	0-	0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	0-	0-
24. Independent Expenditures (use Schedule E)	23,547.59	23,547.59
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0-	0-
26. Loan Repayments Made	0-	0-
27. Loans Made	0-	0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0-	0-
(b) Political Party Committees	0-	0-
(c) Other Political Committees (such as PACs)	0-	0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0-	0-
29. Other Disbursements	0-	0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0-	0-
(ii) "Levin" Share	0-	0-
(b) Federal Election Activity Paid Entirely With Federal Funds	0-	0-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0-	0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23,547.59	23,547.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	23,547.59	23,547.59

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35000.00	35000.00
34. Total Contribution Refunds (from Line 28(d))	0-	0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35000.00	35000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0-	0-
37. Offsets to Operating Expenditures (from Line 15, page 3)	0-	0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0-	0-

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Montanans for Limited Government

Full Name (Last, First, Middle Initial)

A. McEwen George B.

Mailing Address

2997 Bateman Rd

City

Alva

State

MT

Zip Code

33920

FEC ID number of contributing federal political committee.

N/A

C

Name of Employer

Self

Occupation

Race horse owner

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500000

Date of Receipt

04 / 29 / 2014

Amount of Each Receipt this Period

3500000

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

3500000

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Montanans for Limited Government

Full Name (Last, First, Middle Initial)

A. Commonsense Development

Mailing Address

4321 W. Fremont St.

City

Boise

State

ID

Zip Code

83706

Purpose of Disbursement

Website & Facebook development

Candidate Name

Champ Edmunds

0.04

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 08 / 2014

Amount of Each Disbursement this Period

1,200.00

Full Name (Last, First, Middle Initial)

B. Bluehost

Mailing Address

560 Tinianagos PKwy.

City

Orem

State

UT

Zip Code

84097

Purpose of Disbursement

Website Host

Candidate Name

Champ Edmunds

0.04

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 08 / 2014

Amount of Each Disbursement this Period

93.39

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1,293.39

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 5
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Montanans for Limited Government		FEC IDENTIFICATION NUMBER C 00563155	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 05/09/2014			
Full Name of Payee Town Square Media		Date of Public Distribution/Dissemination 05/13/2014	
Mailing Address 3250 S. Reserve		Amount 2639.00	
City Missoula	State MT	Zip Code 59801	Date of Disbursement or Obligation 05/08/2014
Purpose of Expenditure Radio Advertising		Category/Type 004	
Name of Federal Candidate Champ Edmunds		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought 19890.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name of Payee Town Square Media		Date of Public Distribution/Dissemination 05/13/2014	
Mailing Address 3250 S. Reserve		Amount 1131.00	
City Missoula	State MT	Zip Code 59801	Date of Disbursement or Obligation 05/08/2014
Purpose of Expenditure Radio Advertising		Category/Type 004	
Name of Federal Candidate Matt Rosendale		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought 2360.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		377.000	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Kathryn Kay		Date 11/06/2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **2** OF **5**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Montanans for Limited Government		FEC IDENTIFICATION NUMBER C 00563155
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 05/09/2014

Full Name of Payee Mojo 92.5		Date of Public Distribution/Dissemination 05/10/2014	
Mailing Address P.O. Box 31246		Amount 2695.00	
City Billings	State MT	Zip Code 59107	Date of Disbursement or Obligation 05/09/2014
Purpose of Expenditure Radio Advertising		Category/Type 004	
Name of Federal Candidate Champ Edmunds		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: MT
Calendar Year-To-Date Per Election for Office Sought 1989020		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee Townsquare Media Billings		Date of Public Distribution/Dissemination 05/12/2014	
Mailing Address 27 N. 27th St, 23rd Floor		Amount 7045.20	
City Billings	State MT	Zip Code 59101	Date of Disbursement or Obligation 05/08/2014
Purpose of Expenditure Radio Advertising		Category/Type 004	
Name of Federal Candidate Champ Edmunds		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: MT
Calendar Year-To-Date Per Election for Office Sought 1989020		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	9740.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathryn Kay
 Signature

Date **11/09/2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 5
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Montanans for Limited Government		FEC IDENTIFICATION NUMBER C 00563155
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 05/09/2014		

Full Name of Payee STARadio		Date of Public Distribution/Dissemination 05/13/2014	
Mailing Address 1300 Central Ave. W.		Amount 1,701.00	
City Great Falls	State MT	Zip Code 59404	Date of Disbursement or Obligation 05/09/2014
Purpose of Expenditure Radio Advertising		Category/Type 004	
Name of Federal Candidate Champ Edmunds		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: MT <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1989020		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee STARadio		Date of Public Distribution/Dissemination 05/13/2014	
Mailing Address 1300 Central Ave. W.		Amount 729.00	
City Great Falls	State MT	Zip Code 59404	Date of Disbursement or Obligation 05/09/2014
Purpose of Expenditure Radio Advertising		Category/Type 004	
Name of Federal Candidate Matt Rosendale		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: MT <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 236000		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2430.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathryn Kay
Signature

Date **11/06/2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 5
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Montanans for Limited Government		FEC IDENTIFICATION NUMBER C00563155
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 05/09/2014

Full Name of Payee The Outpost		Date of Public Distribution/Dissemination 05/08/2014
Mailing Address 821 N. 27th St Suite C #262		Amount 3304.00
City Billings	State MT	Zip Code 59801
Purpose of Expenditure Print Ads	Category/Type 004	Date of Disbursement or Obligation 05/07/2014
Name of Federal Candidate Champ Edmunds		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1989020		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: MT
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Northern Broadcasting System		Date of Public Distribution/Dissemination 05/12/2014
Mailing Address 600 First Ave. N.		Amount 500.00
City Billings	State MT	Zip Code 59101
Purpose of Expenditure Radio Advertising	Category/Type 004	Date of Disbursement or Obligation 05/09/2014
Name of Federal Candidate Matt Rosendale		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 236000		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: MT
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3804.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathryn Kay
Signature

Date **11/06/2014**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 5
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Montanans for Limited Government		FEC IDENTIFICATION NUMBER 000563155
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		05 / 09 / 2014

Full Name of Payee Northern Broadcasting System		Date of Public Distribution/Dissemination 05 / 08 / 2014
Mailing Address 600 First Ave. N.		Amount 2500.00
City Billings	State MT	Zip Code 59101
Purpose of Expenditure Radio Advertising	Category/Type 004	Date of Disbursement or Obligation 05 / 09 / 2014
Name of Federal Candidate Champ Edmunds	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 1989020		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	23537.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathryn Kay
Signature

Date **06 / 26 / 2014**



Flat Rate Envelope

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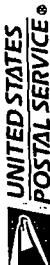


20463

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7680-16-000-7948

EP14H JAN 2011 Outer Dimension: 10 x 5

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 11/12/14
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	11/18/14 DATE PREPARED

(8/2013)

11/18/14 10:01